Trans-Radial Abdominal Aortic Stenting of a CTO lesion

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Mr. X-44M, non-diabetic, HTN on medication.

Past h/o RTA 5 yrs back

Intermittent claudication - last 4 yrs and rest pain for 1 yr

Clinically absent bilateral femoral pulses

Color Doppler suspected occluded bilateral femoral arteries

Angiography was planned trans-radially and showed occluded distal Abdominal Aorta infra-renal.
Plan for Abdominal Aortoplasty - Initially through femoral route.

Under fluoroscopy guidance sheath was introduced through Right Femoral approach. Wire and balloon went into false lumen and proximal vessel was not visualized.
Visualization by a pigtail catheter via radial approach
Initial Fluoroscopic guided RFA approach
Wire crossed the lesion via TFA approach, went into false lumen
Visualization via TRA approach, Catheter from RFA approach kept in position

- Then, considered for Trans-radial approach. Wire secured distally. Then ballooning of culprit lesion with 1.25, 2.75, 4 mm balloons sequentially.
- Antegrade flow established. Distal abdominal aorta. Antegrade stenting trans-radially was possible.
Conclusion

- Post-procedure patient remained asymptomatic and had regular follow-up at my OPD
- A rare example of successful trans-radial Abdominal Aorta Stenting